

PLAIN. THIS IS A PERMA-  
NENT. RETURN must be made for each  
child at a birth. If more than one child at a birth, each child must be reported separately.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 1147a  
Registered No. 6

1. PLACE OF BIRTH

County \_\_\_\_\_ State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha Harris { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 2 5. Legitimate? Yes 6. Date of birth 11 19 27  
Month Day Year

8. FATHER Full name Berry C Harris 14. MOTHER Full maiden name Maybelle Laird

9. Residence (Usual place of abode) Main 15. Residence (Usual place of abode) Main  
If non-resident, give place and state.

10. Color or race W. Am 11. Age at last birthday 38 (Years) 16. Color or race W. Am 17. Age at last birthday 58 (Years)

12. Birthplace (city or place) Texas 18. Birthplace (city or place) Alabama  
(State or country)

13. Occupation Salesman 19. Occupation HW  
Nature of industry

20. Number of children of this mother 11 (a) Born alive and now living 5  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 6 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Martha Harris at 6:30 a.m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature [Signature] (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year

Filed Jan 12, 1928 Registrar [Signature]

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